



6700 West 26th Street
Berwyn, Illinois 60402-0701
Telephone: (708) 788-2660 Fax: (708) 788-2675
www.berwyn-il.gov

OFFICE USE ONLY:
Date Received Stamp

FOIA 10 - REQUEST FOR PUBLIC RECORDS

RETURN ALL REQUESTS TO CITY CLERKS OFFICE, IN PERSON 6700 W. 26TH ST. or by FAX; 708-788-2675,
E-MAIL, tpavlik@ci.berwyn.il.us or ldegutis@ci.berwyn.il.us

REQUESTOR'S INFORMATION (PLEASE PRINT CLEARLY)

(Name)	First	Last			
(Company/Entity)					
(Address)	Number	Street	City	State	Zip
Phone Number		Fax Number		E-Mail	

DESCRIPTION OF DOCUMENTS REQUESTED: *(Please provide specific names/addresses/dates and/or information to assist our search)*

Please indicate if the requested records are **for a commercial purpose**: ☐ Yes ☐ No

Note: Failure to disclose a request for commercial purpose is against the law & violators will be prosecuted.

Please indicate if you wish to inspect the above-captioned records or would like copies¹ and if the documents must be certified. Please further indicate if you would like the information electronically (if available).

As per (5ILCS 140/6) the first 50 copies (black & white letter & legal size) are free, thereafter copies are \$0.15 per page, copies in color or sizes other than letter or legal will be charged at actual cost.

☐ Inspection ☐ Copy ☐ Both ☐ Electronic (if available) ☐ Certified (\$1.00)

TO BE COMPLETED BY THE CITY:

Received By: _____ DATE DUE: _____
(Name and Title)

Request Forwarded to: (Employee/Department)	Date	Request Forwarded to: (Employee/Department)	Date

Please indicate if the requested was approved or denied ☐ Approved ☐ Denied ☐ (In whole)
☐ (In Part)

REVIEWED BY: _____ DATE _____
(Foia Officer)

¹ The City of Berwyn complies with all State laws regarding copyrights, provision of records, and copying costs.

CC: CLERK